

News

School Nurse and School Health Services

Iowa Department of Education

April 2012

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School Nurse Day, Wednesday May 9, 2012

This year's School Nurse Day theme is *School Nurses make the connections with students, families, and community members to access, achieve, and advocate for education and school nurse/health services*. School Nurses are key partners in the school and May 9th is the day to celebrate. **Congratulations to these School Nurses honored as Great Iowa Nurses 2012: Barb Allen, Johnston; Patricia Niver, Mason City; Jean Phillips, Des Moines; Tamra Ruff, East Mills; and Kathy Schneider, Burlington** www.greatnurses.org. Thank you to Twyla Kleen, Storm Lake for her noteworthy school nurse advocacy for healthy students.

Sun Safe Iowa Survey Results

A survey was sent last spring to Iowa's school superintendents to determine which schools had policies in place for sun exposure and safety. Many of the superintendents responded to the Iowa Department of Public Health's sun safety survey about sun exposure and safety policies in their schools. 127 superintendents, 42.3%, completed the online survey. The results show that over 90% of Iowa's schools do not have a sun policy in place at any level with the exception of the ability to wear a hat outdoors at 88%. A very small percent, less than 5%, indicated they did not know what their school district policies were in regards to sun safety.



The data from this survey indicates that more work needs to be done to address the importance of sun safety and the development of sun safety policies in Iowa's school districts.

Sun Safety Policy

Healthy habits start early in life. Sun safety is no exception. Schools, in partnership with parents, have a responsibility to teach students how to protect themselves from the sun and to encourage healthy behaviors starting at a young age. Having a school policy clarifies the district's position on the practice of skin cancer prevention. A sun safety policy for students and staff is the right solution!

You can develop a sun safe school policy by:

- Reading through [What is Sun Safety?](#) to learn more about sun safety principles and how they can be put into policy.
 - Visiting [Make it Policy](#) to walk through the steps to assess your district's needs, and to develop, approve, and communicate a sun safety policy for your district.
 - Going to [Put it Into Practice](#) to find ideas for implementing your district policy with schools, teachers, students, and parents.
- Jolene Carver, MSN, RN, Comprehensive Cancer Control Program, Iowa Department of Public Health

CHANGE Dental Screening Consent-School Screenings

Passive Consent for Dental Screening OK with Prior Parent Notice and Chance to 'Opt their Child Out'

The Iowa Department of Education and the Iowa Department of Public Health requested Federal Protection of Pupil Rights Amendment (PPRA) guidance on whether an Iowa school student dental screening by school employees requires active or passive consent. The Family Policy Compliance Office, US Dept of Education responded as long as dental instruments are not used, this is not an invasive examination and requires passive consent with parents informed of the

exam ahead of time and given a chance to 'opt their child out' of the dental screen. Carol Greta, Attorney, Iowa Department of Education, Grimes State Office Building, 2nd Floor Des Moines IA 50319-0146, April 18, 2012.

The Protection of Pupil Rights Amendment (PPRA) requires districts receiving funds under any program funded by the U.S. Department of Education to protect certain rights of parents and students. One PPRA requirement is districts work with parents to develop and adopt policies, unless the district had established comparable policies on or before January 8, 2002 including the administration of physical exams and screenings of students. The PPRA model notification states **districts must offer an opportunity for parents to opt out their child from participation in:**

'Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required under State law.'

The PPRA definition of 'Invasive Physical Examination is any medical examination that involves the exposure of private body parts, or any act during such examination that includes incision, insertion, or injection into the body, but does not include a hearing, vision, or scoliosis screening.'

The annual notification is direct, such as through U.S. Mail or email, to parents of student who are scheduled to participate in a specific activity and provides for the parent to opt the student out of participation. The notification at the beginning year identifies specific or approximate dates of the activities. For activities scheduled after the school year starts, parents will be provided reasonable notification of the planned activities and an opportunity to opt their student out of the activities. PPRA Model Notification: <http://www2.ed.gov/policy/gen/guid/fpco/ppra/modelnotification.html>

CHANGE Staff Physical Examination Requirement

281 Iowa Administrative Code 12.4(14) Physical Examination was rescinded effective 3/28/12. The requirement of a staff pre-service physical examination is no longer an accreditation requirement. Administrators certainly should continue to make sure that all staff members can perform the duties assigned to them, but the Department will not be checking on accreditation visits to see proof of this. Bus drivers still need physicals every two years, although insulin-dependent drivers must have an annual physical. Carol Greta, Attorney, Iowa Department of Education, School Leader Update March 2012, School Leader Update, page 13, <https://www.legis.iowa.gov/DOCS/ACO/IAC/LINC/3-21-2012.Rule.281.12.4.pdf>
Note: Check your district IQPPS Program for 4 year olds standards for staff physical exam requirements.

Iowa School Nurse Data

The 2011-2012 Iowa School Nurse Data reported by the 351 Public Local Education Agencies (LEAs) in the fall staff Basic Educational Data Survey (BEDS) reported 496,009 P-12 student average daily membership, 591 School Nurse (RN) Full Time Equivalents (FTE), Ratio Nurse to Students 1/840, and 100 percent of districts reporting a nurse.

Student population included preschool children for the first time resulting in an ADM increase and an increase in the number of students each school nurse is responsible for. Thirty-three (33) districts contracted outside the district for nurse services. The 2011 Fall Count File, Information Management System (IMS) Special Education IEPs reported:

Nurse Related Service

Ages 3-5: 305 out of 7,467 IEPs = 4.1%

Ages 6-21: 2,295 out of 60,523 IEPs = 3.8%

Health Related Service

Ages 3-5: 204 out of 7,467 IEPs = 2.7%

Ages 6-21: 2,349 out of 60,523 IEPs = 3.9%

The report for the last 5 years on the **school nurse webpage** under resources and data

http://educateiowa.gov/index.php?option=com_content&view=article&id=1729&Itemid=2527

Iowa Minor Consent Laws

Iowa Code Iowa law contains several provisions which govern a minor's ability to consent to health care and services. The text of many of these laws is follows. In addition, certain specific hyperlinks to additional provisions of law have been inserted into the manual electronic version. Please note that web addresses are subject to change without notice.

Age of Majority Iowa law generally provides that a person under the age of eighteen is a minor. However, persons who are married prior to the age of eighteen and persons who are incarcerated as adults are deemed to have attained the age of majority. The text of the law provides as follows:

The period of minority extends to the age of eighteen years, but all minors attain their majority by marriage. A person who is less than eighteen years old, but who is tried, convicted, and sentenced as an adult and committed to the custody of the director of the department of corrections shall be deemed to have attained the age of majority for purposes of making decisions and giving consent to medical care, related services, and treatment during the period of the person's incarceration. Iowa Code § 599.1, Iowa Code §§ 135L.1(7), 239B.1(9), 600A.2(12), 728.1(4)

Consent Generally Required from Parent or Guardian The general common law is that in order to provide medical treatment or services to a minor, a health care provider must first obtain the consent of the minor's parent or guardian. Courts have recognized exceptions to the general rule of parental consent. In addition, the Iowa legislature has enacted several provisions in which minors are

deemed to be emancipated and able to independently consent to medical care. The purpose behind these statutes is to encourage minors to receive medical care they might not otherwise receive if they had to obtain consent from a parent or guardian. Every state legislature including Iowa's has enacted statutory exceptions to override the common law rule and give minors the legal authority to consent to some form of medical care for certain diseases and conditions.

Specific Type of Service and Care for which Minors can Consent-Consent for Contraceptive Services In Iowa, minors are able to consent to contraceptive services. A health care provider is not required to obtain consent from a parent or guardian prior to providing contraceptive services to a minor. The relevant portion of the text of the law provides as follows:

A person may apply for...contraceptive services...directly to a licensed physician and surgeon, an osteopathic physician and surgeon, or a family planning clinic. ...The minor shall give written consent to these procedures and to receive the services, screening, or treatment. Such consent is not subject to later disaffirmance by reason of minority. Iowa Code § 141A.7(3), *Carey v. Population Services, International*, 431 U.S. 678 (1977); Title X Family Planning Program.

Consent for Care for Sexually Transmitted Diseases Iowa law authorizes a minor to provide consent for medical services related to the prevention, diagnosis, or treatment of a sexually transmitted disease. Minors are able to provide consent for prevention services, such as the hepatitis B vaccine, and for treatment for STD's, including chlamydia, gonorrhea, hepatitis B and hepatitis C, human papillomavirus, and syphilis. The health care provider is not required to obtain consent from a parent or guardian prior to providing these services to a minor. The text of the law provides as follows:

A minor shall have the legal capacity to act and give consent to provision of medical care or services to the minor for the prevention, diagnosis, or treatment of a sexually transmitted disease or infection by a hospital, clinic, or health care provider. Such medical care or services shall be provided by or under the supervision of a physician licensed to practice medicine and surgery or osteopathic medicine and surgery, a physician assistant, or an advanced registered nurse practitioner. Consent shall not be subject to later disaffirmance by reason of such minority. The consent of another person, including but not limited to the consent of a spouse, parent, custodian, or guardian, shall not be necessary. Iowa Code § 139A.35

HIV/AIDS Care Iowa law authorizes a minor to give consent to receive services, screening, testing, and treatment for HIV/AIDS, and provides that the consent of a parent or guardian is not required to provide these services. However, the law does require that a minor must be informed prior to testing that if the test result is positive the minor's legal guardian shall be informed by the testing facility. The text of the law provides as follows:

Notwithstanding any other provision of law, however, a minor shall be informed prior to testing that, upon confirmation according to prevailing medical technology of a positive HIV-related test result, the minor's legal guardian is required to be informed by the testing facility. Testing facilities where minors are tested shall have available a program to assist minors and legal guardians with the notification process which emphasizes the need for family support and assists in making available the resources necessary to accomplish that goal. However, a testing facility which is precluded by federal statute, regulation, or centers for disease control and consent to these procedures and to receive the services, screening, or treatment. Such consent is not subject to later disaffirmance by reason of minority. Iowa Code § 141A.7(3)

Drug and Alcohol Treatment Iowa law authorizes a minor to consent for substance abuse treatment. A substance abuse facility or a physician or physician's designee providing substance abuse treatment or rehabilitative services is not required to obtain consent from a parent or guardian prior to providing these services to a minor. The text of the law provides as follows:

A substance abuser or chronic substance abuser may apply for voluntary prevention guidelines from informing the legal guardian is exempt from the notification requirement. The minor shall give written treatment or rehabilitation services directly to a facility or to a licensed physician and surgeon or osteopathic physician and surgeon. If the proposed patient is a minor or an incompetent person, a parent, a legal guardian or other legal representative may make the application. The licensed physician and surgeon or osteopathic physician and surgeon or any employee or person acting under the direction or supervision of the physician and surgeon or osteopathic physician and surgeon, or the facility shall not report or disclose the name of the person or the fact that treatment was requested or has been undertaken to any law enforcement officer or law enforcement agency; nor shall such information be admissible as evidence in any court, grand jury, or administrative proceeding unless authorized by the person seeking treatment. If the person seeking such treatment or rehabilitation is a minor who has personally made application for treatment, the fact that the minor sought treatment or rehabilitation or is receiving treatment or rehabilitation services shall not be reported or disclosed to the parents or legal guardian of such minor without the minor's consent, and the minor may give legal consent to receive such treatment and rehabilitation. Iowa Code § 125.33(1)

Other Specific Services: Inpatient Mental Health Services <http://coolice.legis.state.ia.us/Cool-ICE/default.asp?category=billinfo&service=IowaCode&ga=82&input=229.2> Iowa Code § 229.2(1)

Decision Making Assistance and Parental Notification of Intent to Terminate a Pregnancy through Abortion <http://coolice.legis.state.ia.us/Cool-ICE/default.asp?category=billinfo&service=IowaCode&ga=82&input=135L> Iowa Code § 135L.2

Pregnant Minors Iowa law does not expressly address whether minors can receive prenatal care services without consent from a parent or guardian. However, federal and state common law and statutes do likely authorize a minor to consent to these services without parental consent in the majority of health care settings. Providers with questions about this area of law are encouraged to contact their own legal counsel for guidance. Source: Minor Consent Laws, Iowa Department of Public Health, MCH Administrative Manual, Fourth Edition, January 19, 2012, http://www.idph.state.ia.us/hpcdp/common/pdf/family_health/mch_manual.pdf

Emergency School Health Planning

The goal of the emergency school health plan in each school building is to provide a safe and healthy learning environment for students and school personnel. The school plan considers the total population needs and resources.

The comprehensive emergency school health guideline components include:

- Identify students with possible health emergencies needing an individual school health plan,
- Write emergency school individual health plans for identified students with families and healthcare providers,
- Implement and follow medication protocols (physician order, parent consent, storage, access, administration, and self administration),

- Describe a healthy school environment coordinated approach (classroom, cafeteria, buses, playground, extracurricular activities, before and after school activities, field trips, and community use of facilities),
- Identify communication and confidentiality protocols,
- Specify the standard emergency response for unexpected health emergencies,
- Provide professional development and training for school personnel,
- Provide awareness education and resources for students, parents, and caregivers, and
- Practice, monitor, evaluate, and update the plan continually.

Due to the possibility of many different health emergencies requiring school health services, consider a broad policy (vs. an individual policy on each emergency) with general protocols for unanticipated emergencies and specifying individual plans for known possible emergencies based on the above guiding components. Health emergencies could include respiratory, cardiovascular, endocrine, and neurological (trouble breathing, rapid heart rate, low and high blood sugar, seizures, anaphylaxis, and injuries). Note: The Pharmacy Iowa Administrative Code, 657 IAC 8.20 Valid prescriber/patient relationships, requires a prescription drug to be for an individual.

Resources

American Academy of Pediatrics, Council on School Health. Medical Emergencies Occurring at School, *Pediatrics* 2008; 122(4):887-894. Retrieved February 17, 2012, from <http://pediatrics.aappublications.org/content/122/4/887.abstract?sid=b2980325-b00d-405b-951c-46c688957dba>

American Academy of Pediatrics (AAP) *First Aid* wall chart 11X17 available to purchase. Retrieved February 15, 2012, from <http://www.aap.org> select AAP Store, go to AAP book store, and search for first aid.

American Academy of Pediatrics, Committee on Pediatric Emergency Medicine and Council on Clinical Information Technology, American College of Emergency Physicians and Pediatric Emergency Medicine Committee. Policy Statement Emergency Information Forms and Emergency Preparedness for Children with Special Health Care Needs. *Pediatrics* 2010; 125(4): 829-837. Retrieved February 17, 2012, from <http://pediatrics.aappublications.org/content/125/4/829>

Doyle, J., & Loyacono, T.R. (2007). Disaster Preparedness for School Nurses 2nd edition. National Association of School Nurses, MD: Silver Spring. Illinois Emergency Medical Services for Children. (2010). Illinois Guidelines for the Nurse in the School Setting. Retrieved February 17, 2012, from http://www.luhs.org/depts/emsc/schl_man.htm or www.luhs.org/emsc

Committee of State Agencies, Education Associations, and First Responders. (2012). Iowa School Safety Guide, 2012: template for safety programs. Retrieved April 9, 2012, from http://educateiowa.gov/index.php?option=com_content&view=article&id=143&Itemid=3037

Individual Emergency Health Plan Examples: Retrieved February 17, 2012, from Food and Allergy Food Allergy Action Plan <http://www.foodallergy.org/page/food-allergy-action-plan1>, Seizure Preparedness Plan http://www.diastat.com/4-Planning/1-Child_Plan.html, and Asthma Action Plan http://www.idph.state.ia.us/hpcdp/common/pdf/asthma/asthma_action_plan.pdf

National School Boards Association. (2011). [Safe at School and Ready to Learn: A Comprehensive Policy Guide for Protecting Students with Life-Threatening Food Allergies](http://www.nsba.org/foodallergy). Retrieved February 15, 2012, from <http://www.nsba.org/foodallergy>

Ohio Department of Health, School and Adolescent Health, Ohio Department of Public Safety's, Emergency Medical Services for Children (EMSC) program, Emergency Care Committee of the Ohio Chapter, and American Academy of Pediatrics. (2007, 3rd edition). Emergency Guidelines for Schools (EGS). Retrieved February 17, 2012, from http://ems.ohio.gov/EMSC%20Web%20Site_11_04/OhioEMSCPublications.html, or American Academy of Pediatrics. <http://www.aap.org/sections/schoolhealth/EmergencyGuidelines2007.pdf>

U.S. Department of Education Resources. Retrieved February 17, 2012, from Emergency Planning

<http://www2.ed.gov/admins/lead/safety/emergencyplan/index.htm>, Crisis Planning

<http://www2.ed.gov/admins/lead/safety/crisisplanning.html>, and additional Emergency Planning Resources <http://www2.ed.gov/admins/lead/safety/emergencyplan/resources.html>

Iowa Child Death Review Team

The Iowa Child Death Review Team 2008-2009 annual report of Iowa deaths for ages 0-17 years found:

Year	Death Total	Natural	Accidents	Suicides	Homicides	Undetermined
2008	386	234 (60%)	87 (23%)	10 (2.5%)	19	36
2009	311	(65%)	62 (20%)	8 (2.6%)	6	33

Natural-prematurity, congenital anomalies, infections, cancers, and other illnesses.

Accidents-majority motor vehicle accidents.

Suicides-2008-most between ages 15-17-firearm. 2009 hanging the most common.

Homicides-highest (group family groups) and lowest-

Undetermined-majority environmental such as unsafe sleep environment, SIDS, SUID, and unsafe sleep environment.

Evaluation for School Nurses

The updated example evaluation for the school nurse provides a side by side listing of the Teaching Standards and Criteria, Nursing Standards, School Nursing Standards, and School Nurse Competencies for School Nurses evaluated on the teacher evaluation http://educateiowa.gov/index.php?option=com_content&view=article&id=1729&Itemid=2527

School Leader Update Information

http://educateiowa.gov/index.php?option=com_content&view=article&id=854&catid=243&Itemid=2683

‘Wake-up Call for Mandatory Reporters

An unusual arrest was made in Iowa recently when law enforcement took into custody a mandatory reporter, charging her with failure to make a report of suspected child abuse. Although the person arrested is not an educator (she is a mandatory reporter by virtue of being a child-care provider), this incident serves as a sobering reminder that there are three possible consequences if a mandatory reporter does not make a report of suspected abuse. Those consequences are:

1. Disciplinary action by the Board of Educational Examiners (including possible loss of license);
2. Civil liability if the child is further harmed by the failure to report; and
3. Conviction of a criminal misdemeanor charge of failure to report.

Whether the mandatory reporter who was arrested will eventually be convicted remains to be seen. All mandatory reporters are reminded not to conduct their own investigations. The duty of a mandatory reporter is to report the suspected abuse to the Iowa Department of Human Services (DHS). The mandatory reporter does not fulfill this duty by reporting to a colleague at school (for instance, to a school counselor, school nurse, or to the building principal).

Mandatory reporters should not discuss an incident of possible abuse with other staff to get their opinions as to whether abuse has occurred. The suspected abuse must be investigated by DHS; it is DHS staff who have the training to determine whether abuse has occurred. A mandatory reporter’s duty is to report.’ School Leader Update, March 2012, page 13

http://educateiowa.gov/index.php?option=com_content&view=article&id=854&catid=243&Itemid=2683

‘It isn’t easy being green...

School districts and community colleges have until July 1 to either begin using environmentally safe products or to pass a resolution opting out of the mandate to use green cleaning products, based upon an evaluation and assessment. (The bill does not address Area Education Agencies or nonpublic schools.) The Iowa Department of Administrative Services (DAS) is the agency responsible for determining what is an “environmentally preferable cleaning and maintenance product.” More information about this law, including the approved products, is on the DAS website at <http://das.iowa.gov/greencleanschools.html>.

The Iowa Association of School Boards has prepared a sample resolution for school districts to use if the board votes to opt out. (A community college can choose to opt out simply by having its president opt out on behalf of the community college.) Any school district or community college that does opt out must inform the Department of Education of that decision by filing its resolutions with Gary Schwartz, 515-281-4743 or gary.schwartz@iowa.gov School Leader Update, April 2012, page 12.’

Calendar 2012

May 9 School Nurse Day

June 6-8 National HIV/AIDS Strategies: Where Do We Fit? Kansas City, Missouri

<http://events.ksde.org/Default.aspx?tabid=703>

June 23-26 National Association of School Nurses Annual Conference, San Francisco, California

<http://events.ksde.org/Default.aspx?tabid=703>

July 17 Blank Children’s Hospital, Back to School: School Nurse Conference, Des Moines

October 4-5 University of Iowa School Nurse Conference, Sheraton Hotel, Iowa City

October 10-13 American School Health Association Annual Conference, San Antonio, Texas

October 29-30 Iowa Nurses Association, HyVee Hall Conference Center, Des Moines

Resources

Center for Disease Control The Center for Disease Control and Prevention (CDC) is in the process of reorganization. One change in process is the move of the School Health Programs to Chronic Disease Prevention and Health.

<http://www.cdc.gov/chronicdisease/index.htm>

Cinnamon Challenge A school nurse reported students ingesting cinnamon in an activity called the ‘cinnamon challenge.’

Ingesting a spoonful of cinnamon powder without any water can result in gastric upset, vomiting, and lung aspiration possibly causing pneumonia or upper airway and bronchial irritation. The ‘cinnamon challenge’ may have originated on a comedy series Tosh 2.0 feature and now there are several YouTube videos of people trying the challenge with cinnamon or cocoa. The recommendations are discuss making good decisions (by not doing silly stunts), avoid potentially dangerous actions, and seek health evaluation if symptoms last for over 1-2 hours. Sources: Statewide Poison Control Center, Office of Drug Control Policy, and Employee & Family Resources.

Clostridium Difficile Also known as C.diff is a bacteria that causes diarrhea and more serious conditions by producing a toxin after antibiotics have killed off other organisms in the gut. People are not routinely excluded from school or child care after no loose stools for 24 hours. IDPH fact sheet http://www.idph.state.ia.us/idph_universalhelp/main.aspx?system=IdphEpiManual&context=Cdifficile_factsheet

CDC information <http://www.cdc.gov/hai/organisms/cdiff/Cdiff-patient.html> and

http://www.cdc.gov/HAI/organisms/cdiff/Cdiff_infect.html

Epidemiology of Common Communicable Diseases IDPH poster guideline order at http://www.drugfreeinfo.org/state/cart.php?target=product&product_id=17047&category_id=295

FAPE Definition 281 IAC 41.101 Free appropriate public education (FAPE) definition is ‘A free appropriate public education must be available to all children residing in the state’... This means the school nurse provides special health services through the written Individualized Health Plan so the student receives their education program

Individualized Health Plan (IHP) The School Nurse is required to develop a written individualized health plan for any student with special health needs occurring in school and in school activities. Each district has a policy containing the following in 281 Iowa Administrative Code (IAC) 41.405.

Special health services. Some individuals need special health services to participate in an educational program. These individuals shall receive special health services along with their educational program.

Definitions. The following definitions shall be used in this rule, unless the context otherwise requires:

“Assignment and delegation” occurs when licensed health personnel, in collaboration with the education team, determine the special health services to be provided and the qualifications of individuals performing the health services. Primary consideration is given to the recommendation of the licensed health personnel. Each designation considers the individual’s special health service. The rationale for the designation is documented.

“Coadministration” is the eligible individual’s participation in the planning, management and implementation of the individual’s special health service and demonstration of proficiency to licensed health personnel.

“Educational program” includes all school curricular programs and activities both on and off school grounds.

“Education team” may include the eligible individual, individual’s parent, administrator, teacher, licensed health personnel, and others involved in the individual’s educational program.

“Health assessment” is health data collection, observation, analysis, and interpretation relating to the eligible individual’s educational program.

“Health instruction” is education by licensed health personnel to prepare qualified designated personnel to deliver and perform special health services contained in the eligible individual’s health plan. Documentation of education and periodic updates shall be on file at school.

“Individual health plan” is the confidential, written, preplanned and ongoing special health service in the educational program. It includes assessment, planning, implementation, documentation, evaluation and plan for emergencies. The plan is updated as needed and at least annually. Licensed health personnel develop this written plan with the education team.

“Licensed health personnel” includes licensed registered nurse, licensed physician, and other licensed health personnel legally authorized to provide special health services and medications.

“Prescriber” means licensed health personnel legally authorized to prescribe special health services and medications.

“Qualified designated personnel” means a person instructed, supervised and competent in implementing the eligible individual’s health plan.

“Special health services” includes, but is not limited to, services for eligible individuals whose health status (stable or unstable) requires:

1. Interpretation or intervention,
2. Administration of health procedures and health care, or
3. Use of a health device to compensate for the reduction or loss of a body function.

“Supervision” is the assessment, delegation, evaluation and documentation of special health services by licensed health personnel. Levels of supervision include situations in which:

1. Licensed health personnel are physically present.
2. Licensed health personnel are available at the same site.
3. Licensed health personnel are available on call.

Special health services policy. Each board of a public school or the authorities in charge of an accredited nonpublic school shall, in consultation with licensed health personnel, establish policy and guidelines for the provision of confidential special health services in conformity with this chapter. Such policy and guidelines shall address and contain:

a. Licensed health personnel shall provide special health services under the auspices of the school. Duties of the licensed health personnel include:

- (1) Participating as a member of the education team.
- (2) Providing the health assessment.
- (3) Planning, implementing and evaluating the written individual health plan.
- (4) Planning, implementing and evaluating special emergency health services.
- (5) Serving as a liaison and encouraging participation and communication with health service agencies and individuals providing health care.
- (6) Providing health consultation, counseling and instruction with the eligible individual, the individual’s parent and the staff in cooperation and conjunction with the prescriber.
- (7) Maintaining a record of special health services. The documentation shall include the eligible individual’s name, special health service, prescriber or person authorizing, date and time, signature and title of the person providing the special health service and any unusual circumstances in the provision of such services.
- (8) Reporting unusual circumstances to the parent, school administration, and prescriber.
- (9) Assigning and delegating to, instructing, providing technical assistance to and supervising qualified designated personnel.
- (10) Updating knowledge and skills to meet special health service needs.

b. Prior to the provision of special health services the following shall be on file:

- (1) Written statement by the prescriber detailing the specific method and schedule of the special health service, when indicated.
- (2) Written statement by the individual’s parent requesting the provision of the special health service.
- (3) Written report of the preplanning staffing or meeting of the education team.
- (4) Written individual health plan available in the health record and integrated into the IEP.

- c. Licensed health personnel, in collaboration with the education team, shall determine the special health services to be provided and the qualifications of the individuals performing the special health services. The documented rationale include:
- (1) Analysis and interpretation of the special health service needs, health status stability, complexity of the service, predictability of the service outcome and risk of improperly performed service.
 - (2) Determination that the special health service, task, procedure or function is part of the person's job description.
 - (3) Determination of the assignment and delegation based on the individual's needs.
 - (4) Review of the designated person's competency.
 - (5) Determination of initial and ongoing level of supervision required for quality services.
- d. Licensed health personnel shall supervise the special health services, define the level of supervision and document the supervision.
- e. Licensed health personnel shall instruct qualified designated personnel to deliver and perform special health services contained in the eligible individual health plan. Documentation of instruction and periodic updates shall be on file at the school.
- f. Parents shall provide the usual equipment, supplies and necessary maintenance of the equipment. The equipment shall be stored in a secure area. The personnel responsible for the equipment shall be designated in the individual health plan. The individual health plan shall designate the role of the school, parents and others in the provision, supply, storage and maintenance of necessary equipment.

Iowa Department of Education School Nurse Web Page The Department of Education School Nurse web page address is http://educateiowa.gov/index.php?option=com_content&view=article&id=1729&Itemid=2527. The web page includes an overview, school entry health requirements, resources, and links. The overview contains a description of Iowa School Nursing, tenets, standards, and school health entry requirements. Some of the alphabetical resources include child abuse, allergies, Americans with Disabilities, bed bugs, bloodborne pathogens, clinical laboratory law, concussion, data, delegation, emergency, evaluation, exclusion from school due to illness, special health needs, IHP, IEP, influenza, laws, LPN, mailing list, Medicaid presumptive eligibility, medication administration course, medication administration management manual, medication administration skills toolkit, mental health, news, school health council, school health records, screening, status epilepticus, and links.

Iowa Gold Star Cycle Menus Tools include recipes, shopping list, nutritional analysis, produce merchandising, and food preparation guides at http://educateiowa.gov/index.php?option=com_content&view=article&id=2162:iowa-gold-star-cycle-menus&catid=440:nutrition-program-learning-tools&Itemid=446

Iowa School Safety Guide, 2012 A guide book created by a committee of State Agencies, Education Associations, and First Responders. It represents a template schools may use to enhance their current safety programs. The purpose of this document is to give Iowa schools a planning resource to reference when creating their school safety plans. Each school can decide how much or how little of this document they would like to incorporate into their current plan. More school safety resources available http://educateiowa.gov/index.php?option=com_content&view=article&id=143&Itemid=3037

Iowa School Nurse Mailing List The Mailing List is a communication tool for Iowa School Nurses. The mailing list is the Department of Education link with school nurses allowing the Department and Nurses to communicate via email messages. Iowa School Nurses can use the mailing list to request information, share news and initiatives, and receive news. School nurses joining the iowasn mailing list will add their email address to the online school nurse mailing list and can send messages to all members at any time. Posted messages automatically go to everyone on the list, over 635 school nurses.

To join the mailing list, send a blank email to: Join-iowasn@lists.ed.iowa.gov

To cancel the mailing list, send a blank email to: leave-iowasn@lists.ed.iowa.gov

To send a message to other school nurses on the list, type title in subject, message in the body, and send to: iowasn@lists.ed.iowa.gov

No other commands are necessary and joining is free. *Note: When sending a message please include your school, address, phone number, and a resource you found for your question/comment. The person asking a question summarizes the responses then sends the summary to the list. When you send a message, remember there are over 630 individuals on the list. Please do not send personally identifiable confidential information. Send only information you would like to see on the first page of your local newspaper.*

Websites: Department of Education (DE) <http://educateiowa.gov>

DE School Nurse http://educateiowa.gov/index.php?option=com_content&view=article&id=1729&Itemid=2527

Department of Public Health (IDPH) <http://www.idph.state.ia.us>

Department of Human Services (DHS) <http://www.dhs.state.ia.us>

Iowa Laws <http://www.legis.iowa.gov>

Please send requests, questions, and comments to Charlotte Burt, School Nurse and Student Health Services Consultant, charlotte.burt@iowa.gov, phone 515-281-5327.